

CROMPTON | SEAGER | TUFTE | LLC
Patent, Trademark & Copyright Attorneys

1221 Nicollet Avenue, Suite 800
Minneapolis, Minnesota 55403-2420
Phone 612.677.9050
Fax 612.359.9349

RECEIVED
CENTRAL FAX CENTER**JAN 18 2005****FAX TRANSMISSION**

DATE: January 18, 2005

TO: Commissioner for Patents
Attn: _____
P.O. Box 1450
Alexandria, VA 22313-1450

FROM: David M. Crompton

OUR REF: 1001.1690102
TELEPHONE: 612-677-9050

Total pages, including cover letter: 2

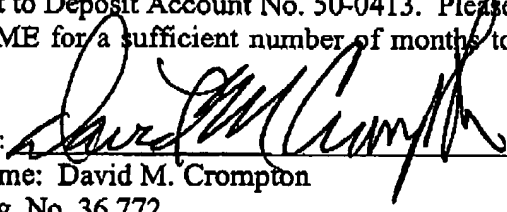
PTO FAX NUMBER: 703-872-9306

If you do NOT receive all of the pages, please telephone us at (612) 677-9050, or fax us at (612) 359-9349.

Title of Document(s) Transmitted: CHANGE OF CORRESPONDENCE ADDRESS IN APPLICATION


Applicant: Roger Farnholtz
Serial No.: 10/804,360
Filed: March 19, 2004
Group Art Unit: 3763
Our Ref. No.: 1001.1690102
Confirmation No.: 9216
Customer No.: 28075

Please charge Deposit Account No. 50-0413 in the amount of \$____, Fee Code ____.
Please charge any additional fees or credit overpayment to Deposit Account No. 50-0413. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

By: 
Name: David M. Crompton
Reg. No. 36,772

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.


Name: Kathleen L. Boekley


Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

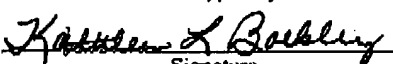
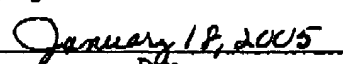
Applicant: Roger Farnholtz
Serial No.: 10/804,360
Filing Date: March 19, 2004
Docket No.: 1001.1690102
For: TORQUEABLE AND DEFLECTABLE MEDICAL DEVICE SHAFT

Confirmation No.: 9216
Examiner: Unknown
Group Art Unit: 3763
Customer No.: 28075

RECEIVED
CENTRAL FAX CENTER
JAN 18 2005

Commissioner For Patents
PO Box 1450
Alexandria, VA 22313-1450

CHANGE OF CORRESPONDENCE ADDRESS IN APPLICATION

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8 (1)(B))	
I hereby certify that this correspondence is being transmitted by facsimile to the United States Patent and Trademark Office at <u>703-872-9306</u> on the date shown below.	
_____ Kathleen L. Bookley Type or print name of person signing certification	
 Signature	 Date

Sir:

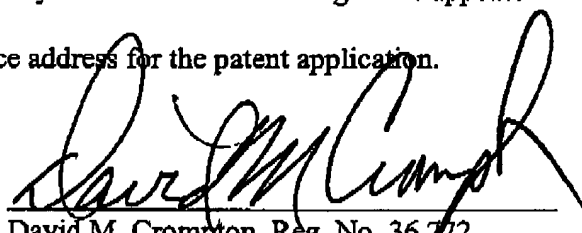
Please change the correspondence address for the above-identified patent application to:

David M. Crompton, Customer No. **28075**

It is certified that the person who is the Attorney of record and whose signature appears below has the authority to change the correspondence address for the patent application.

Date

1/18/05



David M. Crompton, Reg. No. 36,772
CROMPTON, SEAGER & TUFTE, LLC
1221 Nicollet Avenue, Suite 800
Minneapolis, MN 55403-2420
Tel: 612-677-9050
Fax: 612-359-9349